

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 819 OF 3254
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Kaitlyn B Allen			Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 2121 Daniel Dr			Amount 105.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : d1668fda-71d8-4332-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ Runoff	
Full Name of Payee Kaitlyn B Allen			Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 2121 Daniel Dr			Amount 70.20	
City Searcy	State AR	Zip Code 72143	Transaction ID : 85dc5a2a-4b39-4d96-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ Runoff	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			175.20	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 06 / 25 / 2015